



Mail Completed form to:
City of Centennial
Sales Tax Division
P.O. Box 17383
Denver, CO 80217-0383
(303) 325-8000
Fax (720) 875-4199

ACCOUNT CHANGE FORM

PLEASE PRINT AND COMPLETE IN BLACK INK – Keep a copy for your records.

License #: _____

Effective Date of Change: _____

Business Name: _____

DBA Name: _____

PLEASE PRINT AND COMPLETE IN BLACK INK

Please check all that apply:

☐ Business Name Change

☐ DBA Change

☐ Business Address Change

☐ Mailing Address Change

☐ Phone Number Change

☐ Request to change filing status

☐ Close Account/License

☐ Request for consolidated filing

☐ Contact Change

☐ other: _____

Current Account Information:

Request to Change Information to:

Please Note: Any changes to account information must be reported to the City within thirty (30) days. Licenses and Registrations are NOT transferable and a new application must be submitted with a change in ownership.

Printed Name of Applicant

Email Address

Signature of Applicant

Date